

ROME CIVIL SERVICE COMMISSION

Application for Examination



198 North Washington Street

Rome, NY 13440

(315) 339-7662 – (315) 339-7609

James F. Brown– Mayor, City of Rome

www.rome-ny.gov

Position Title _____

Examination # _____

This application is part of your examination. Answer all questions fully and carefully. Print in ink or use a typewriter. Attach additional sheets if necessary, in order to give complete and detailed information.

1. LEGAL NAME, MAILING ADDRESS AND PHONE (PLEASE PRINT)

Last _____ First _____ Middle Initial _____

Street Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Business Phone _____ Cell Phone _____

Email Address: (optional) _____ 2. SOCIAL SECURITY NUMBER _____

3. Are you under 18 or over 70 years of age? ☐ Yes ☐ No

Police Officer applicants – give date of birth: Month _____ Day _____ Year _____

Do you have a valid New York State Driver's License? ☐ Yes ☐ No

Are you a citizen of the United States? ☐ Yes ☐ No

4. VETERANS' CREDITS (See instruction E)

If, for this examination, you wish to claim additional credits as an honorably discharged veteran, check the appropriate box below and answer questions 10 A-F. ☐ Disabled war veteran ☐ Non-disabled war veteran

5. SPECIAL ARRANGEMENTS (Optional – See instruction D) _____ Religious Observer _____ Handicapped Person

6. Are you a citizen of the United States? ☐ Yes ☐ No If No, do you have the legal right to accept employment in the United States? ☐ Yes ☐ No

(Non-citizens may be required to produce 1-151 or 1-551 Alien Registration Cards at time of employment)

7. See NYS student loan questions and affirmation on back page.
New York State Law - Section 50-3

8. State your actual permanent legal residence and indicate for how long you have resided there continually, up to and including the date of this application.
NAME YEARS/MONTHS

School District _____

City/Village _____

Town _____

County _____

State _____

For Civil Service Use Only:

Fee Paid: Check # _____ Money Order # _____

Fee Waived: _____ Waiver Request Attached: _____

Veterans' Credits Requested: _____ Paperwork: _____

APPROVED _____ DISAPPROVED _____

CONDITIONED _____

9. Check appropriate answer to the right of each question:

- A. Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds? ☐ Yes ☐ No
- B. Did you ever resign from any employment rather than face dismissal? ☐ Yes ☐ No
- C. Did you ever receive a discharge from the Armed Forces of the United States which was other than "Honorable", or which was issued under other than honorable circumstances? ☐ Yes ☐ No
- D. Have you ever been convicted of any crime (felony or misdemeanor)? ☐ Yes ☐ No
- E. Have you ever forfeited bail bond posted to guarantee your appearance in court to answer to any criminal charge? ☐ Yes ☐ No
- F. Are you now under charges for any crime? ☐ Yes ☐ No

If you answered "YES" to any of the questions 9 A-F above, you may give specifics under "Remarks" on page 4 of this application. If you elect not to provide specifics, or if such explanation insufficient, you may be required to submit further information.

None of the above circumstances represents an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position(s) for which you are applying.

10. Answer questions 10 A-E only if you are claiming additional credits as a disabled or non-disabled veteran for the examination(s) indicated on this application. Be sure that you read instruction E relating to "Veterans Credits" and have claimed these credits in question 4.

- A. Have you ever served in the Armed Forces of the United States? ("The Armed Forces of the United States" means, the Army, Navy, Marine Corps, Air Force, and Coast Guard, including all components thereof and the National Guard when in the service of the United States pursuant to call as provided by law on a full-time active duty basis other than active duty for training purposes).? ☐ Yes ☐ No
- B. If "Yes", did you receive a discharge which was honorable or were you released under honorable circumstances? ☐ Yes ☐ No
- C. Did you serve in the Armed Forces of the United States during any of the following periods?
- December 7, 1941 to December 31, 1945
 - June 27, 1950 to January 31, 1955
 - February 28, 1961 to May 7, 1975
 - Lebanon: June 1, 1983 – December 1, 1987
 - Grenada: October 23, 1983 – November 21, 1983
 - Panama: December 20, 1989 – January 31, 1990
 - Persian Gulf: August 8, 1990 - Present
- ☐ Yes ☐ No

NOTE: Credits for Lebanon, Grenada, and Panama will be limited to those who received the following Expeditionary Medals:
Armed Forces, Navy or Marine Corps

U.S. Public Health Service:

- July 29, 1945 to December 31, 1946 or,
- June 27, 1950 to July 3, 1952 or

☐ Yes ☐ No

A member of the National Guard activated during the U.S. Postal strike

- March 23, 1970 to March 30, 1970

☐ Yes ☐ No

- D. Are you currently a resident of New York State?

☐ Yes ☐ No

- E. Since January 1, 1951, have you used additional credits as a disabled or non-disabled veteran for appointment to any position in the public employment of New York State or any of its civil divisions?

☐ Yes ☐ No

NOTE: When filling out your application form, check to make sure that all appropriate questions have been answered. An incomplete application may result in its disapproval.

Indicate any other surname(s) (last name) by which you are / or have been known.

Please print: _____

11. EDUCATION:

If credit is claimed for a partially completed college curriculum or correspondence course, attach a list of courses and credits or semester hours completed. Indicate how many credit hours or courses are required for graduation. If required to indicate specific course work, do so on an attached sheet. **DO NOT** send transcript unless required by announcement.

a. Have you graduated from high school? ☐ Yes ☐ No

If Yes, name and location of high school. _____

Year of graduation _____

b. If you have a high school equivalency diploma indicate issuing government authority _____

Number _____ Date of Issue _____

Name of School or College City and State	Dates of Attendance (Month and Year)	Type of Course/ Major Subject	Number of College Credits Received	Type of Degree	Date Degree Received
College, University	-----	-----	-----	-----	-----
Professional Or Technical School	-----	-----	-----	-----	-----
Other - Schools or Special Courses	-----	-----	-----	-----	-----

12. LICENSES: If a license, certificate or other authorization to practice a trade or profession is listed as a requirement on the announcement of the examination for which you are applying, complete the following question: If not currently licensed, check this box ☐.

Name of Trade or Profession	License Number	Granted by (licensing agency)	City/State
Specialty	Date License First Issued	Registered From: (Mo./Yr.)	To: (Mo./Yr.)

13. *Do you have a valid license to operate a motor vehicle in New York State?* ☐ Yes ☐ No

14. DESCRIPTION OF EXPERIENCE: (*Answer this question in full – use a separate sheet of paper if necessary*)

Beginning with the most recent, describe below in detail, ALL employment. If the examination announcement states that volunteer or unpaid experience is acceptable as qualifying, describe it in the same way as paid work, showing its volunteer nature in the "Earnings" box. You are responsible for submitting an accurate, adequate and clear description of your experience. Omissions or vagueness will NOT be interpreted in your favor. If you have had military service - describe such experiences as a separate employment. (If more space is needed, attach 8 1/2" x 11" sheets of paper). Under "Duties" for each employment describe the nature of the work personally performed by you, with estimated percentage of the time spent on each type of work. State size and kind of working force, if any, supervised by you and the extent of such supervision.

PROMOTIONAL EXAMS ONLY – Provide only information (titles and dates held) required in the Promotional Qualifications.

FIRE FIGHTERS – Please include your current EMT certification with expiration date.

Length of Employment Month/Year Month/Year From To	Firm Name	Address	City and State
Earnings (Circle One) \$ Wk/Mo/Yr	Describe Duties Below:		
Type of Business	-----		
Your Exact Title	-----		
Name of Your Supervisor	-----		
Supervisor's Title	-----		
No. of Hours Worked/Week	-----		

Length of Employment Month/Year Month/Year From To	Firm Name	Address	City and State
Earnings (Circle One) \$ Wk/Mo/Yr	Describe Duties Below:		
Type of Business	-----		
Your Exact Title	-----		
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